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Chu Challenges Military Medicine to Think About Future  
By Rudi Williams, American Forces Press Service  
WASHINGTON - Defense department leaders need to think and act differently when determining how transformation will affect military medicine, the undersecretary of defense for personnel and readiness, told the 2003 National TRICARE Conference audience this week.

Undersecretary David S.C. Chu urged the more than 3,000 military and civilian health care professionals to think not just about immediate issues and concerns, but also 2004's.

The conference is held annually to discuss TRICARE programs, policies and initiatives, to receive the latest information on the next generation of TRICARE contracts and to highlight health care achievements for the previous year.

"When we gather together again in 12 months, what do you think we will have accomplished?" he asked. "What will the world look like, and will the role of military medicine be changed in that world - incrementally, dramatically or not at all?"

When Secretary of Defense Donald Rumsfeld talks about transforming DoD, Chu said, he's asking leaders to "reshape our military capabilities for this century. That means changing our business practices, processes, organizations and our culture for 'sustained advantage' against enemies of this country.

"Transformation means looking at the new

environment in which the military health system operates and responding to it," Chu said.

He quickly added that the system responded successfully during the past year.

"One of the most feared asymmetrical threats that we've confronted in the past year is ... biological warfare," Chu pointed out. He said the Bush administration and DoD have acted decisively to begin to remove the threats of anthrax and smallpox against the armed forces and American public.

"That happened in large measure because there was a cadre of biowarfare defense experts in this country, mostly resident in the military health system," he said.

Military medicine has enjoyed decades of innovation and improvements in readiness and operational concepts, according to Chu.

"The introduction of lighter and more agile medical forces, as well as critical care transport, is changing doctrine," he said. A challenge now, he added, is to ensure the entire DoD leadership understands those doctrinal changes.

Turning his attention to TRICARE, Chu said it and military medicine are among the more integrated programs in DoD and serve as a model for other organizations.

TRICARE reached several significant milestones in 2002, including the start of TRICARE for Life and the new generation of TRICARE contracts, Chu noted, but there's more to be done.

"This year's work is essential," he noted, "and success in the 2004 transition will be based on the careful planning and execution of many activities this year."

Chu told the gathering that DoD must focus on increased collaboration and communication across the federal government, such as the collaborative initiatives between DoD and the Department of Veterans Affairs. He said he and Deputy VA Secretary Leo S. Mackay Jr. are overseeing the development of a joint DoD-VA strategic plan that would be a map to develop "solid goals and performance measures and serve to further institutionalize our relationship."

The relationship, he said, includes overseeing the Joint Health Executive Council and the newly established Benefits Executive Council. The councils' goals are to establish a single discounted rate for DoD and VA medical services, work out ways to send veterans' service health records to VA electronically, and create a procurement-sharing agreement.

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Military Medicine, NIH Study Birth Defect Repair Effectiveness

From Bureau of Medicine and Surgery Public Affairs

BETHESDA, Md. - Military medicine and the National

Institutes of Health have signed an agreement that will allow TRICARE beneficiaries to take part in a groundbreaking study comparing two treatment approaches for spina bifida.

Spina bifida is a complex birth defect in which a portion of the spinal cord and associated nerves, as well as the spinal bones and overlying muscle and skin, do not fully develop.

The five-year clinical trial will compare the effectiveness and safety of performing corrective surgery before birth, which is called prenatal or fetal surgery, to surgery performed after the baby is born. The National Institute of Child Health and Human Development (NICHD), a part of the National Institutes of Health in Bethesda, will fund the study.

"The TRICARE benefit includes an opportunity for military families to be a part of studies that may help advance medical science," said Capt. Kevin Berry, Medical Corps, deputy chief of medical operations support at the Bureau of Medicine and Surgery in Washington, D.C. "For the very few military families affected by this birth defect, this is a opportunity for them to help others."

A past spina bifida clinical trial resulted in the recommendation that women who intend to get pregnant or who are pregnant add more folic acid to their diets. It has prevented thousands of spina bifida birth defects since the trial was published.

Physicians who have determined their unborn patient has spina bifida will assist the mothers-to-be determine if participating in the clinical trial is right for them. Military treatment facility staff will work with TRICARE contractor staffs to ensure preauthorization before beneficiaries are referred for possible participation in the trial.

NICHD's name for the study is the Management of Myelomeningocele Study, or MOMS. Myelomeningocele is another term for spina bifida. Additional information on the trials is available at the MOMS website, [www.spinabifidamoms.com](http://www.spinabifidamoms.com).

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Navy Medicine's Service Honored at TRICARE Conference  
From the Department of Defense TRICARE Management Activity

GUANTANAMO BAY, Cuba - For the second consecutive year, U. S. Naval Hospital Guantanamo Bay has received the Department of Defense TRICARE Management Activity Customer Satisfaction Award to recognize its service excellence to active duty service members.

Presented by William Winkenwerder Jr., the assistant secretary of defense for health affairs, it was one of the many highlights of the annual TRICARE Conference being held this week in Washington, D.C.

During the conference, Navy Surgeon General Vice Adm. Michael L. Cowan, Medical Corps, presented the first Mathew J. Bourgeois Force Health Protection Muddy Boots Award to Naval Hospital Pensacola, Fla. The bronzed muddy boots were molded after those worn by Navy SEAL and Chief Hospital Corpsman Matthew J. Bourgeois, who was killed while conducting small-unit training at a remote site near Qandahar, Afghanistan, in March 2002. It was awarded to recognize the hospital for its many initiatives in support of force health protection, including increasing TRICARE Prime enrollment, open access appointments, seamless mobilization and demobilization of Reserve forces, and advancements in perinatal care.

Military treatment facilities worldwide that were in the top 10 percent for customer satisfaction were also honored. Navy facilities recognized include: Naval Medical Clinic Annapolis, Md.; Naval Hospital Pensacola, Fla.; U.S. Naval Hospital Roosevelt Roads, P.R.; U.S. Naval Medical Clinic London; and Naval Hospital Lemoore, Calif.

The annual conference's theme this year is "TRICARE ... Protecting Our Forces, Serving Our Families, Shaping Our Future," is hosting more than 3,000 military and civilian health care professionals who came together to discuss TRICARE programs, policies and initiatives; receive the latest information on the next generation of TRICARE contracts; and highlight health care achievements for the previous year.

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They're #1! Patients Rate Pensacola Tops  
By Rod Duren, Naval Hospital Pensacola

PENSACOLA, Fla. - If winning the Navy Surgeon General's Mathew J. Bourgeois Muddy Boots Award isn't enough, Naval Hospital Pensacola is also being recognized by the Picker Institute as a top hospital in the country.

The Picker Institute, a national not-for-profit organization dedicated to improving the patient experience, announced that Pensacola is number one in the country among military and civilian hospitals in "continuity of transition of care," according to patients surveyed. It is now a benchmark facility for 11 health systems, 122 hospitals and almost 40,000 patients.

"The award, recognizing Naval Hospital Pensacola (as) being the number one hospital in the country rated by patients on this dimension of patient-centeredness makes us proud of our efforts and inspires us to continue our commitment to providing health services at world-class levels," said Capt. Richard L. Buck, Medical Corps, the hospital's commanding officer.

The award was presented by Assistant Secretary of

Defense for Health Affairs William Winkenwerder Jr. on the opening day of the annual TRICARE Conference held in Washington, D.C.

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#### Navy Researchers Keep Eye on 90,000 Babies A Year

By Doris Ryan, Bureau of Medicine and Surgery

SAN DIEGO - In the U.S. military, 90,000 babies are born each year. Forty percent are welcomed into Army families, 25 percent into Air Force, 24 percent into Navy, and 11 percent into Marine Corps. Military babies are born in all 50 states, the District of Columbia and overseas. California, Texas, and Virginia report the highest number of military births, with more than 7,000 babies expected annually in each of these states. Nearly 10 percent of military births take place outside of the United States.

These numbers are all part of the DoD Birth and Infant Health Registry, a database established in 1998 at the Naval Health Research Center (NHRC) San Diego. The DoD Center for Deployment Health Research, collocated at NHRC was given the responsibility of managing the registry and providing surveillance of birth defects prevalence.

"Within the U.S. military, the overall prevalence of birth defects is approximately 3 percent," said Cmdr. Margaret A. Ryan, Medical Corps, director of the center. "That's the same as the civilian population, which is very reassuring. But we have to keep looking harder at the data because every baby born on our watch is important."

Ryan pointed out that with the growing number of women on active duty and the diverse hazardous exposures associated with military service, reproductive health issues are a special concern. The DoD Birth and Infant Health Registry follows inpatient and outpatient visits for babies from birth through their first year.

The registry was designed to be compatible with similar surveillance programs at the Centers for Disease Control and Prevention and those maintained by some states in the United States.

"It's notable that only 35 states have any kind of birth defects surveillance," said Ryan. "This type of surveillance isn't easy to do. The military is uniquely positioned to do this well because we have a lot more data presented in a uniform way."

Ryan said that the registry includes information supplied by multiple sources, such as military treatment facilities, clinics and civilian hospitals. At military facilities, there are standard codes to report health care visits, whether at U.S. Naval Hospital Okinawa or Naval Medical Center San Diego. Data gathered on babies born at civilian facilities through TRICARE also is reported in a standard way.

Ryan's team also has access to demographic and service-related information about active-duty members and can determine deployment and occupational exposure histories that may be relevant to birth-defects surveillance and research efforts.

Ryan said access to the DoD Birth and Infant Health Registry annual reports from 1998 to 2000 will be available at the NHRC website, [www.nhrc.navy.mil](http://www.nhrc.navy.mil), in early in 2003.

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Pensacola's Burns Hall Receives Zumwalt Award  
By Journalist 2nd Class Scott New, Naval Hospital Pensacola

NASHVILLE, Tenn. - Naval Hospital Pensacola's Bachelor Enlisted Housing was the recipient of its first Navy-wide award by the secretary of the Navy for excellence in enlisted housing operations.

The Admiral Elmo R. Zumwalt Award for Excellence in Bachelor Housing, named for the former Secretary of the Navy, was presented to the Burns Hall housing staff earlier this week.

The Zumwalt Award, equivalent to a 5-star rating in the hotel industry, was presented to the hospital's Mess Management Chief Petty Officer Ronald Brooks by Rear Adm. Christopher W. Cole. Cole is the commander of Navy Region Mid-Atlantic.

Brooks delivered an award-winning bachelor enlisted housing unit within a year of taking over its operation.

"The Commanding Officer (Capt. Richard L. Buck) and Executive Officer (Capt. Peter O'Connor) have been behind us all the way," said Brooks. "They want the best for their Sailors and so do I - and now they have a 5-Star BEH. But most importantly, they have improved quality of life for the Sailors living there."

Besides Pensacola, the other Navy Medicine Zumwalt winners are Naval Medical Center Portsmouth, Va.; Naval Hospital Twentynine Palms, Calif.; and Naval Hospital Charleston, S.C.

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Bremerton Doc Returns to Navy Roots  
By Judith Robertson, Naval Hospital Bremerton

BREMERTON, Wash. - Will Toth is a living example of the old adage, "what goes around, comes around."

Toth, a family practice physician, began working as a civilian doctor at Naval Hospital Bremerton in Sept. 2002, but it isn't completely unfamiliar territory. In fact, this is the third time he has worked in the facility.

He began in 1982 as the chief resident in the first class of the Puget Sound Family Practice Residency Program.

"I came here as a lieutenant after my tour on the destroyer tender USS Sierra (AD 18) in 1981. At that

time, I was a second-year resident. It was the beginning of the program here, under then-Captain Bob Higgins," he said.

After a stint at the U.S. Naval Academy as a staff physician, Toth returned to Bremerton in 1986. It was then he decided to pursue a civilian career. He worked as a family physician in a clinic on Bainbridge Island from 1987 until August 2002.

Returning to Naval Hospital Bremerton is new yet, Toth said. The new family care center that houses the family practice clinic was a pleasant surprise. Yet Toth had another surprise waiting for him.

"I learned that I delivered my medical assistant. We joke that we have the longest working relationship of anyone at the hospital," Toth said.

Annelise Cuaron was born Oct. 8, 1981, a night when then-Lt. Toth was on call.

"My mom said he wasn't her regular doctor, but he was there that night, so he delivered me," said Cuaron. "He says I make him feel old."

Toth said his past experience as a Navy doctor helped him make the decision to come back.

"My own previous knowledge, having been in the Navy before, makes it comfortable and it's been fun to come back here and find some people who are still here that I knew then," said Toth.

Toth said he finds working with current Navy Medicine very satisfying.

"Because this system is integrated, your patients go to the same lab, same pharmacy and have the same insurance, and that allows the system to utilize computers more readily and there is much less paperwork," said Toth. "In the civilian sector we are often dealing with 50 different insurance companies who all have their own way of doing business."

"Plus you are in a hospital not a clinic. It is very stimulating to have access to the academic setting. So far it is working out great. I'm very happy," he said.

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#### Kamiseya Dental Clinic Opens

By Lt. Monica Burgess, U.S. Naval Dental Clinic Far East

KAMISEYA, Japan - A new clinic is open at Naval Support Facility Kamiseya and it's literally bringing smiles to the faces of the community's beneficiaries. It's a dental clinic, a much-needed second facility for the neighboring military community.

"Many active duty and beneficiaries will now have improved access to quality dental health care in the Kamiseya community," said Capt. Edward S. Amrhein, Dental Corps, commanding officer of U.S. Naval Dental Center Far East, at the ribbon cutting earlier this month.

"Opening the two dental treatment rooms in Kamiseya is the most efficient way to do business," said Cmdr. Gayle Shaffer, Dental Corps, director of the Atsugi Branch Dental Clinic, flight line clinic and Kamiseya annex. "This will enable us to increase dental productivity and allow unlimited access to optimum care for our customers."

About 7,000 patients benefit from dental services provided in Atsugi. They can expect to receive continuity of care with the same provider and, thanks to the Kamiseya annex, improved access to care in Atsugi as well.

Amrhein praised his staff for their exceptional work in making the clinic a reality. This included the clinic's Officer in Charge Lt. Jennifer Greeley, Dental Corps; Lt. Pete Heffern; Lt. j.g. Orlando Valcarcel; Dental Technician 1st Class Martin Wheeler; and Mr. Yukihisa Matsuda.

The clinic will be staffed with one dentist, one part-time hygienist and two dental technicians.

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Blood Donors Asked to Help Maintain Military Supply  
By Army Sgt. 1st Class Doug Sample, American Forces  
Press Service

ARLINGTON, Va. - The Armed Forces Blood Program seeks donors to help increase its stock of fresh blood.

Army Col. Michael Fitzpatrick, who oversees DoD's blood collection and distribution system, said there is "some additional urgency" to replenish the military's supplies because of the prospects of war. To date, the program has been self-supporting in meeting DoD's need for blood. All 17,000 units shipped to date in support of Operation Enduring Freedom have come from DoD blood collection centers.

The DoD program has been able to meet military requirements despite precautionary deferrals for the human form of "mad cow disease."

"We increased our deferrals by 18 percent and we've increased our collections almost 20 percent. That's almost a 40 percent increase in recruitment to achieve the goal that we have in collection," he said.

Having sufficient blood supplies ready to use is crucial to military readiness as the United States prepares for possible conflict in Iraq, Fitzpatrick said. The need for blood and its byproducts tends to rise significantly during contingency operations and as preparations for war step up, he noted.

"As we move toward an increased operations tempo, we will need more blood on the shelves whether we have hostile actions or not," he said. The Defense Department has a sufficient supply of blood products to meet current needs and has replaced its stockpile of frozen plasma, which had been reduced in December by a



voluntary withdrawal of frozen plasma potentially affected by West Nile virus. The shipment of blood overseas to support contingency operations has meant less blood on the shelf, he added.

Although the military will continue to press for more donors, Fitzpatrick advised that they not rush to give blood all at once. Fresh blood, which is the preferred product for transfusions and other medical needs, has a shelf life of only 42 days, he said.

"If everyone donates on day one, every unit of blood expires on day 42. It's much better to stagger donations - that's what allows us to maintain a constant supply of blood," Fitzpatrick explained.

"When your local donor center asks you or your unit to donate, that's when we need military personnel and their families to respond," he added. "Scheduling donations allows us to keep a steady supply of blood flowing to our deployed units and to our medical treatment facilities."

If DoD cannot stockpile enough blood to meet needs, Fitzpatrick said, the military could buy blood from civilian blood agencies - although many of them currently are experiencing their own shortages. He said his office negotiates contracts with civilian blood agencies to provide for civilian support if needed.

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#### VA Seeks Record Budget, Shuts Health Care to Some Vets From the American Forces Press Service

WASHINGTON - Veterans Affairs Secretary Anthony J. Principi recently announced he's seeking \$63.6 billion in the president's fiscal 2004 budget request - and suspending "better-off" veterans from health care to ensure the neediest are served.

VA's budget request includes \$30.2 billion for health care and other discretionary funding and \$33.4 billion for disability compensation, pension and other entitlement programs. The request includes \$225 million for new construction. Funding for fiscal 2004 health care is 7.7 percent higher than the fiscal 2003 level, the largest requested increase in VA history, Principi said.

The secretary also suspended new enrollments by veterans in Priority Group 8, the one with the lowest statutory priority. This group includes veterans who are not being compensated for a military-related disability and who have "higher incomes," generally about \$30,000 or more.

Group 8 veterans who were enrolled by Jan. 17 are "grandfathered" and can continue receiving VA health care.

He said he suspended Group 8 enrollments to ensure VA has capacity to care for veterans with military-related disabilities, lower-income veterans, and those

with special needs, such as blind veterans and those with spinal cord injuries.

VA and the Department of Health and Human Services, he said, are working to give Priority Group 8 veterans aged 65 or older access to a "VA+Choice Medicare" plan if they can't enroll in the VA health care system.

The plan calls for VA to participate as a Medicare+Choice provider. Eligible veterans would be able to use their Medicare benefits to obtain care from VA. In return, VA would recoup costs through payments from a private health plan contracted by Medicare. The plan could become effective later this year.

"HHS is happy to join the Department of Veterans Affairs in developing this new option for veterans who might otherwise be unable to obtain health care through the VA," said HHS Secretary Tommy G. Thompson. "This is a creative marriage of our federal health programs to serve our veterans efficiently and effectively."

VA officials said they've been unable to provide all enrolled veterans with timely access to VA health care. They cited stresses on the VA system caused by "tremendous growth" in the number of veterans seeking care.

Since 1996, VA health care enrollment more than doubled from 2.9 million to 6.8 million today. In fiscal 2002 alone, 830,000 veterans enrolled - and more than half were in Priority Group 8. Officials said they expect that trend to continue. But even with the suspension, they said, a projected 380,000 veterans in the seven higher priority groups will enroll in fiscal 2003.

"Last year, VA treated 1.4 million more veterans with 20,000 fewer employees than in 1996," Principi said. "Nonetheless, VA leads the nation in many important areas like patient safety, computerized patient records, telemedicine, rehabilitation, and research. I not only want to see this standard continue, I intend to see it get even better."

"With this record budget increase, I expect access to medical facilities for severely-disabled veterans to improve, along with a reduction in waiting times for all veterans," he said.

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HealthWatch: Folic Acid a Must For Mothers-To-Be  
By Aveline V. Allen, Bureau of Medicine and Surgery

WASHINGTON - Spina bifida, a crippling birth defect, can strike about one out of every 1,000 newborns in the United States. Therefore, expectant moms should take the proper precautions during pregnancy to prevent birth defects and ensure their baby will be born healthy.

According to the Spina Bifida Association of America (SBAA), spina bifida is the most frequently

occurring disabling neural tube birth defect. Spina bifida is characterized by the defective closure of the spine around the spinal cord. It can cause lower body paralysis and has been linked to learning disabilities.

Studies indicate your baby may be at a higher risk of getting spina bifida if:

- you already have a child with it;
- have spina bifida yourself; or
- have already had a pregnancy affected by any neural defect.

Although there are risks associated with this disease, there are certain things you can do to prevent your baby from getting spina bifida. According to the SBAA, taking folic acid has been proven to reduce the chances of spina bifida. You should take folic acid before and during pregnancy. Experts recommend taking a vitamin with 400 micrograms (mcg) of folic acid every day.

"It's important to begin folic acid therapy prior to conception, since the development of the spine occurs very early in pregnancy," said Cmdr. Terry A. Harrison, Medical Corps, Navy Medicine's specialty advisor for obstetrics and gynecology. "If you are attempting to get pregnant, it's a good idea to take a multivitamin with folate (folic acid)."

Most doctors will recommend eating folic acid-rich foods. Common foods high in folic acid are green peas, broccoli, rice, orange juice from concentrate, fortified breakfast cereals and enriched whole wheat bread.

"Those at very high risk of having a baby with spina bifida, such as those with certain medical conditions or a past history of spina bifida, should take a larger, 4 milligram dose of folic acid," said Harrison.

According to the March of Dimes, a not-for-profit organization dedicated to birth defect prevention, about 5,500 babies are conceived with neural tube defects each year, and the majority of them could be prevented if you eat folic acid-rich food or take a supplement.

"A blood test, called maternal serum alpha-fetoprotein (AFP), routinely offered between 15 and 20 weeks of pregnancy, picks up most serious cases of spina bifida in the developing baby," said Harrison.

"However, prevention is the key."

Additional information on spina bifida and birth defects can be found at [www.sbaa.org](http://www.sbaa.org).

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